

## STANDARD CERTIFICATE OF DEATH

32755

State File No. ....

9025

FILED OCT 7 1952

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>WEEK</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		<b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1645 Texas Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>NORMAN</b>		b. (Middle) <b>EUGENE</b>		c. (Last) <b>BLUM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 28, 1952</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>		8. DATE OF BIRTH <b>DEC. 16, 1915</b>	
9. AGE (In years last birthday) <b>36</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>HERCULANEUM, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>LOUIS F. BLUM</b>		13b. MOTHER'S MAIDEN NAME <b>FLOY EDNA MINKS</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>WM. E. BLUM</b>			
18. CAUSE OF DEATH Enter only once per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Parelytic ileus; Pulmonary embolism; Gunshot wound of lower extremities with gun in the hands of one Edgar M Livingston</b> <b>restaurant at 1727 20 Jefferson Ave., around 3:55 am Sept 20 1952</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Justifiable Homicide</b>		19a. DATE OF OPERATION <b>Sept 20 5:25 AM</b>		19b. MAJOR FINDINGS OF OPERATION <b>restaurant</b>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (Home or about home, farm, factory, street, office bldg., etc.) <b>restaurant</b>		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo.</b>		21d. HOW DID INJURY OCCUR? <b>E981X</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>805A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Catharine E. Paylor Carver</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>9.29.52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9/30/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN</b>		24d. LOCATION (City, town, or county) (State) <b>DE SOTO MO.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 29 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. See Mathershead</b>		ADDRESS <b>DE SOTO, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Andrew H England*

Licensed Embalmer No.

*4795*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.